### FORM D

SEC 1972 (6-02)



03038216

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1270035
---------

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response. . . . . 16.00

SEC L	ISE ONLY
Prefix	Senal
DATE	RECEIVED
	"ELEINED

UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  ADURAFLURA, LTD
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA 187
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  William Raysell
Address of Executive Offices  Address of Executive Offices  St. Suite C LA Connet Wa 98357 360 - 466 - 1366  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  Same  Brief Description of Business
THE ENHANCEMENT of LADIES & MENS Fine APPAREL WITH Fine ROCESSE  Type of Business Organization    corporation   limited partnership, already formed   other (please specify):   business trust   limited partnership, to be formed   NOV 13 2003
Month Year  Actual or Estimated Date of Incorporation or Organization: O
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION —
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

		A.BASIC III	ENTIFICATION DA	IA - Eller - Le	
2. Enter the information re	equested for the fo	ollowing.	**************************************		رغان <u>ہ س</u> ن الفاضي مقابل المسمور سورانیا المساور المساور المساور المساور المساور المساور المساور المساور المساور
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the is	suer has been organized w	vithin the past five year	rs;	
<ul> <li>Each beneficial ow</li> </ul>	ner having the pov	ver to vote or dispose, or di	rect the vote or disposit	tion of, 10% or more o	of a class of equity securities of the issue
<ul> <li>Each executive off</li> </ul>	icer and director (	of corporate issuers and of	corporate general and	managing partners of	f partnership issuers; and
Each general and r	nanaging partner	of partnership issuers.			
Charle Day(a) that Anal		57 D	77 n 000		
Check Box(es) that Apply:  Ramsell,  Full Name (Last name first, i	Promoter  Uilliam  findividual	Beneficial Owner	X Executive Offic	cer 🖔 Director	General and/or Managing Partner
315 HUY(IS Business or Residence Addre			LA Conner	Wa 98	257
Dadinos di Rosidende Hadio	ps (14mmod mid	Buret, City, Blace, Lip Co	odej		
Check Box(es) that Apply:  B fode, Dir	Promoter	Beneficial Owner	Executive Office	cer 🛭 Director	General and/or Managing Partner
Full Name (Last name first, i 315 More Business or Residence Addre	f individual)	. Suite C	CaCon	ner Wa	98257
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	cer Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	ear Director	General and/or Managing Partner
Pull Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Offic	eer Director	General and/or Managing Partner
Pull Name (Last name first	f individual)				
					* * * * * * * * * * * * * * * * * * *
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	er Director	General and/or
3.11 Nome (1 4	Sin district and the		·····		Managing Partner
full Name (Last name first, i	r earintanar)		•		,
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of thi	is sheet, as necessary)	)

nough - The A				Birl	NFORMA)	IONABO	IT OFFER	DIG	173			
			and a second		A Parada Maria					· · · · · · · · · · · · · · · · · · ·	Yes	No
1. Has th	e issuer sol	d, or does t							-		· X	
2 What	. 41				n Appendiz		_					441
2. What	is the minin	ium investi	nent that v	viii de acce	epted from	any indivi	duai?				·	000 No
3. Does t	he offering	permit join	t ownersh	ip of a sing	gle unit?							[]
	the informa											
	ission or sim cson to be lis											
or state	es, list the n er or dealer	ame of the b	proker or d	ealer. If m	ore than fiv	e (5) perso	ns to be lis	ted are asso				
	(Last name						dealer on	y.		<del></del>		
I un mame	(Last Hame	msi, n mu	ividuai)				1	1				
Business or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)	M	TA			,	
Name of A	ssociated B	roker or De	aler			****						
<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		<del> </del>		<del></del>								
	hich Person											
(Check	"All States	or cneck	individual	States)				••••••			.   Ai	I States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	
IL MT	NE NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH]	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	$[\overline{W}V]$	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)					į				
Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	-	$-\int_{\Omega}$				
		· .	<del></del>				$\mathcal{N}$	11				
Name of As	ssociated Br	oker or De	aler				,					
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	or check	individual	States)			• • • • • • • • • • • • • • • • • • • •				. 🔲 Al	1 States
AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
I	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)				<u>u</u>					
Business or	r Dacidanaa	Address (	Yumbar an	d Street C	Str. State	Zin Code)			<b>/</b>			
Dusiness of	i Kesidelice	Mumers (1	Munioei an	u Sheel, C	ny, state,	Zip Code)	•	/ [ ر	10			
Name of As	sociated Br	oker or De	aler		<del></del>	<del></del>		$N \perp$	11			<del></del>
States in W	high Daugan	Tieted Wes	Caliniend	an Yntonda	to Calinit	Dunahagana		<del></del>				
States in W	men Person : "All States											l States
CHOOL		_	_						_	_	_ L A	
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME	MD NC	MA	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OPPERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Aiready
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity		
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases
	• • •		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering Rule 505	Type of Security	Dollar Amount Sold \$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	,	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$
		_	

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		s N/A
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	<b>\$</b>
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of mac and equipment	hinery	] \$	
	Construction or leasing of plant buildings and fac-	ilities	\$	<b>\$</b>
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	¬ €	□ <b>\$</b>
	Repayment of indebtedness		_	_
	Working capital	_		
	Other (specify):		_	_
			•	
			] \$	\$
	Column Totals		] \$	\$
	Total Payments Listed (column totals added)		\$	
	and the second s	D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fun information furnished by the issuer to any non-accr	undersigned duly authorized person. If this notice nish to the U.S. Securities and Exchange Commiss	is filed under Rul	
	er (Print or Type) 1/11/AM RAMSell	Signatury / Clar / D	THE COL	ell
_	ne of Signer (Print or Type)	Title of Signer (Print or Type)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

---- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1 <b>4</b> 4	AND THE WORLD WITH THE THE THE THE THE THE THE THE THE T								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes No provisions of such rule?								
	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
duly aut	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned horized person.								
Issuer (F	Print or Type) Signature Man Ramsell Signature Must Date								
Name (F	Print or Type)  Title (Print or Type)  (E)								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	Intend to non-a investor	2 it to sell accredited s in State :-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA	X		-							
со										
СТ										
DE										
DC										
FL										
<b>G</b> A										
Н								_		
ID										
ΙL								,		
IN							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ła										
KS										
KY										
LA					•					
ME										
MD										
MA										
MI										
MN										
MS										

1		iller liber	Control of the Contro	49	ENDIX.	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
1	Intend to non-a investor	2 I to sell accredited s in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and urchased in State (C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									
NJ	- No.								
NM									
NY									
NC					·				
ND									
ОН									
ОК									
OR									
PA									
RI									
SC	T-1		· · · · · · · · · · · · · · · · · · ·						
SD									
TN								_	
TX									
UT							-		
VT									
VA									
WA	X								
wv	-/~	-							
WI								-	

	pr pylitky Panik raky	The state of the s		APP	ENDIX Billion		100g 2 0 17 55 P	, at 15 (40).	
1		2	3 Type of security			4			lification ate ULOE
	to non-a investor	to sell accredited is in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		(if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									